



Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SUBCUTANEOUSLY IMPLANTABLE ACCESS PORT
Attorney Docket Number::	0584-1011
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MICHEL  
Middle Name::  
Family Name:: BUNODIERE  
Name Suffix::  
City of Residence:: NEUILLY-SUR-SEINE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C/O CLINIQUE HARTMANN  
Address:: 26, BOULEVARD VICTOR HUGO  
City of Mailing Address:: NEUILLY-SUR-SEINE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GUY  
Middle Name::  
Family Name:: NADAL  
Name Suffix::  
City of Residence:: POITIERS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 8, RUE CONDORCET  
Address::  
City of Mailing Address:: POITIERS

City of Mailing Address:: POITIERS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 86000

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 13386	10/25/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::